

Mountain High Snowsport Club 2018/2019 Membership Sign-Up / Dough Transmittal Form

For all Mt. High activities, make check payable to: "Mountain High Snowsport Club"
Mail it to: Mountain High Snowsport Club, PO Box 2182, Portland, OR 97208.

Name(s): _____ [] New membership(s)
PLEASE PRINT CLEARLY
 _____ [] Renewal(s)

Mailing Address: _____
 _____ Birthday: (MM/DD/YY) _____

Phone (H): _____ Phone (W): _____

E-mail (H): _____ E-mail (W): _____

The best way to reach me: [] phone (home/work) [] e-mail (home/work)

- Email Preferences:** [] No changes, same as last year.
1. Newsletter (once a month): [] Yes, link only [] Yes, complete file [] No
 2. Club news & events (between newsletters): [] Yes [] No
 3. Other ski news (NWSCC, FWSA, ski areas, etc.): [] Yes [] No
 4. Is it OK to share your email address with other club members? [] Yes [] No

Note: PACRAT racers will receive PACRAT email from their team captain regardless of the above options.

Please apply my payment toward the following fun stuff:	<u>Total</u>	<u>Details/Notes</u>
<input type="checkbox"/> Annual Membership (Oct. 1, - Sept. 30): Single (\$30); Couple (\$50).	\$ _____	_____
<input type="checkbox"/> PACRAT Racing (2018/19) \$110 (?) for the season. Team name: _____	\$ _____	_____
<input type="checkbox"/> Monashee Mountains Canada. (Jan. 26 - Feb. 2, 2019. Deposit = \$250. Prices: Adult=1365, Senior=1300, W/Fusion pass=1130, Senior Fusion=1105...	\$ _____	_____
<input type="checkbox"/> Bogus Basin trip (Feb. 24 - March 1, 2019) 6-day trip. Deposit=\$200. Tentative Prices: Adult=610, W/Fusion pass=510, Senior(70+)=545, Senior Fusion=455.	\$ _____	_____
<input type="checkbox"/> Mt. Shasta & Mt. Ashland bus trip (March 15-17, 2019). Deposit \$100. Tentative Prices: Adult=345, Senior (65+)=335, Super-senior (70+)=303, No lift tix=278.	\$ _____	_____
<input type="checkbox"/> Other: _____	\$ _____	_____
[] cash [] check # _____	TOTAL AMOUNT RECEIVED: \$ _____	

Comments (For whom you are paying. Roommate requests, Options, Preferences, etc.):

Signature: _____ Date: _____

Signature: _____ Date: _____

See our Trips cancellation policy at: www.mthigh.org/Documents/Trip-Cancellation-Policy.pdf

PLEASE SIGN LIABILITY RELEASE FORM ON NEXT PAGE

Mountain High Snowsport Club Liability Release

I acknowledge that I am responsible for my own safety and conduct. I hereby agree to be bound by all Mountain High Snowsport Club bylaws and regulations, including the Trip Cancellation Policy. I hereby release Mountain High Snowsport Club, and any of their agents (officers, directors, trip captains, and any other Club representatives) from any and all liability for personal injury, for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, loss of money, or death, which might occur while participating in any club related activity.

Furthermore, I agree to indemnify and hold the Club and any of their agents harmless from any and all liabilities of any kind which may be incurred or asserted against the Club or any of their agents in any way relating to my negligence or willful misconduct connected with my participation in the club's activities.

Specifically, I release said persons from any liability or responsibility for my physical condition, for the condition or selection of itinerary or course route and for the presence or actions of any other participants. I am aware of the risks of participation, which include, but are not limited to, getting separated from the group and getting lost, colliding with other participants, getting injured in any way relevant to the activity, or suffering from any conditions resulting from exposure to nature, animals, and/or human beings.

I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in club events is strictly voluntary and I freely chose to participate. I confirm that I will be responsible for any medical costs I may incur as a result of my participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP ALL LEGAL RIGHTS BY SIGNING IT. I SIGN IT VOLUNTARILY WITHOUT ANY SIGNS OF DURESS.

NAME(PRINTED)	SIGNATURE (Participant or guardian)	DATE	CELL PHONE
---------------	--	------	------------

EMERGENCY CONTACT NAME: _____	PHONE
-------------------------------	-------

NAME(PRINTED)	SIGNATURE (Participant or guardian)	DATE	CELL PHONE
---------------	--	------	------------

EMERGENCY CONTACT NAME: _____	PHONE
-------------------------------	-------